## Approved Entities

**Waiver Number** 20  

**Primary Entity Name** North Shore Center for Speech, Language & Swallowing Disorders, LLP  

**Primary Address**  
585 Stewart Avenue  
Suite 310  
Garden City  
NY  
11530-  

**Primary Phone Number** (516) 627-3036  

**County** Nassau  

**Current Waiver Issued Beginning Period** 5/1/2014  

**Current Waiver Ending Period** 4/30/2017  

<table>
<thead>
<tr>
<th>Certificate</th>
<th>LMSW</th>
<th>CAT</th>
<th>Physical Therapy</th>
<th>LCSW</th>
<th>Psychology</th>
<th>Occupational Therapy</th>
<th>Mental Health Counseling</th>
<th>Optometry</th>
<th>Audiology/Speech Lang.</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Sites if any - with Certificate Number**  

**Certificate Number** - -